

<i>SERFF Tracking Number:</i>	<i>MALI-125746708</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of America Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39884</i>
<i>Company Tracking Number:</i>	<i>IND-ANN-APP-2008(AR)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)</i>		
<i>Project Name/Number:</i>	<i>IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)/</i>		

Filing at a Glance

Company: Mutual of America Life Insurance Company

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR) SERFF Tr Num: MALI-125746708 State: ArkansasLH

TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable SERFF Status: Closed State Tr Num: 39884

Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: IND-ANN-APP-2008(AR) State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird
 Author: James Dolan Disposition Date: 08/12/2008
 Date Submitted: 08/08/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR) Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 08/12/2008

State Status Changed: 08/12/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Annuity (Non-IRA) Application Form IND-ANN-APP-2008(AR)

IRA Application Form IRA-APP-2008(AR)

To the best of our knowledge and belief, this submission complies with the laws and regulations of the State of

<i>SERFF Tracking Number:</i>	<i>MALI-125746708</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>IND-ANN-APP-2008(AR)</i>		
<i>TOI:</i>	<i>A02.II Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.II.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)</i>		
<i>Project Name/Number:</i>	<i>IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)/</i>		

Arkansas.

We are filing the above captioned application forms for approval in your state. These forms are being filed on a general basis and, when approved, will be used in place of the forms set forth below.

Form IND-ANN-APP-2008(AR) will be used as the application form for non-IRA individual variable annuity contracts offered by the Company. It will replace currently approved application form IND-ANN-APP-2005(AR) (approved by your Department on 06/07/2005).

Form IRA-APP-2008(AR) will be used as the application form for all Individual Retirement Annuity (IRA) products offered by the Company. It will replace currently approved application form IRA-APP-2003(AR) (approved by your Department on 09/22/2003).

The above captioned application forms differ from the forms they replace in that they were streamlined in order to create additional space to accommodate future changes in the available investment funds and future state mandated notices on the applications.

Company and Contact

Filing Contact Information

James Dolan,	jim.dolan@mutualofamerica.com
320 Park Avenue	(212) 224-1125 [Phone]
New York, NY 10022	(212) 224-2507[FAX]

Filing Company Information

Mutual of America Life Insurance Company	CoCode: 88668	State of Domicile: New York
320 Park Ave	Group Code:	Company Type:
New York, NY 10022	Group Name:	State ID Number:
(212) 224-1600 ext. 1520[Phone]	FEIN Number: 13-1614399	

Filing Fees

SERFF Tracking Number: MALI-125746708 *State:* Arkansas
Filing Company: Mutual of America Life Insurance Company *State Tracking Number:* 39884
Company Tracking Number: IND-ANN-APP-2008(AR)
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)/

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: 2 forms at \$20 each
\$0 retaliatory fee
for a total of \$40.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of America Life Insurance Company	\$40.00	08/08/2008	21857119

<i>SERFF Tracking Number:</i>	<i>MALI-125746708</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of America Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39884</i>
<i>Company Tracking Number:</i>	<i>IND-ANN-APP-2008(AR)</i>		
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<i>Project Name/Number:</i>	<i>IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/12/2008	08/12/2008

<i>SERFF Tracking Number:</i>	<i>MALI-125746708</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)/</i>		

Disposition

Disposition Date: 08/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Individual Annuity (Non-IRA) Application		Yes
Form	IRA Application		Yes

SERFF Tracking Number: MALI-125746708 State: Arkansas

Filing Company: Mutual of America Life Insurance Company State Tracking Number: 39884

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)

Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)/

Form Schedule

Lead Form Number: IND-ANN-APP-2008(AR)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IND-ANN-APP-2008(AR)	Application/ Individual Annuity Enrollment Form	(Non-IRA) Application	Initial		61	IND-ANN-APP-2008(AR).pdf Description of Illustrative and Variable Language for IND-ANN-APP-2008(AR).pdf
	IRA-APP-2008(AR)	Application/ IRA Application Enrollment Form		Initial		56	IRA-APP-2008(AR).pdf Description of Illustrative and Variable Language for IRA-APP-2008(AR).pdf

Individual Annuity (Non-IRA) APPLICATION

TYPE OF ANNUITY CONTRACT (Choose one)

☒ Flexible Premium Deferred Annuity (FPA) ☐ 457(b) Eligible Tax-Exempt Deferred Compensation Plan
☐ 457(f) Ineligible Tax-Exempt Deferred Compensation Plan ☐ Other Nonqualified Deferred Compensation Plan

ANNUITANT'S INFORMATION

ANNUITANT'S NAME [John Doe]			ANNUITANT'S TELEPHONE NUMBER WORK [111-111-1111] HOME [111-222-1111]		
ANNUITANT'S ADDRESS [123 Main Street]			City Anytown	State AR	Zip Code 12345
ANNUITANT'S SOCIAL SECURITY NUMBER [123-45-6789]					
DATE OF BIRTH [1/ 1 / 73]	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	INITIAL CONTRIBUTION \$ [500]	DISTRIBUTION # 1937	CONTRIBUTION METHOD: <input checked="" type="checkbox"/> DIRECT PAYMENT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> _____	

OWNER'S INFORMATION (Complete if Owner is not the Annuitant)

OWNER'S NAME			OWNER'S TELEPHONE NUMBER	
			WORK	HOME
OWNER'S ADDRESS		City	State	Zip Code
				OWNER'S TAX OR SOCIAL SECURITY NUMBER

EMPLOYER'S INFORMATION (Complete only if payroll deduction)

EMPLOYER'S NAME	EMPLOYER NUMBER	EMPLOYER'S TELEPHONE NUMBER
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CONTRACT INFORMATION

• If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.

• First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice) $\frac{[1]}{(\text{MONTH})} / \frac{[38]}{(\text{YEAR})}$ (optional)

• Do you have any existing insurance policies or contracts?

☐ Yes ☒ No If the answer is "Yes," please provide the following for the policy being replaced or changed:

Company	Contract Number	Amount \$
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ALLOCATION OF CONTRIBUTIONS

Show the percentage of your future contributions you want to place in the interest account and/or investment funds. Use whole numbers only, and make sure the percentages total 100%. Amounts you place in the interest account will be credited with the rate of interest currently applicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.

INTEREST ACCOUNT			INVESTMENT FUNDS								
MUTUAL OF AMERICA			MUTUAL OF AMERICA				FIDELITY®				
Interest Accumulation Account	[50]	%	Money Market Fund	[50]	%	All America Fund	%	2015 Retirement Fund	%	VIP Asset Manager SM Fund	%
			Mid-Term Bond Fund	%	Small Cap Value Fund	%	2020 Retirement Fund	%	VIP Mid Cap Fund	%	
			Bond Fund	%	Small Cap Growth Fund	%	2025 Retirement Fund	%	VIP Equity-Income Fund	%	
			Composite Fund	%	Mid Cap Value Fund	%	2030 Retirement Fund	%	VIP Contrafund®	%	
			Conservative Allocation Fund	%	Mid-Cap Equity Index Fund	%	2035 Retirement Fund	%			
INVESTMENT FUNDS											
OPPENHEIMER											
Main Street Fund®/VA	%		Moderate Allocation Fund	%		International Fund	%	2040 Retirement Fund	%		
CALVERT											
Social Balanced Fund	%		Aggressive Allocation Fund	%		Retirement Income Fund	%	2045 Retirement Fund	%		
			Equity Index Fund	%		2010 Retirement Fund	%				
AMERICAN CENTURY			DWS						VANGUARD		
VP Capital Appreciation Fund	%		Bond Fund	%		Capital Growth Fund	%	International Fund	%	International Fund	%

COMPLETE REVERSE SIDE

BENEFICIARY DESIGNATIONS

Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner may name and change the beneficiary. If this contract will be issued to an employer or trustee in connection with a 457 or other deferred compensation plan, the Owner must be designated as the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death or the death of the Annuitant, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

BENEFICIARY DESIGNATIONS**PRIMARY BENEFICIARY OR BENEFICIARIES**

I, the Owner, name the following person or persons as my beneficiary or beneficiaries.

FULL NAME First Initial Last [Jane A. Doe]				FULL NAME First Initial Last			
ADDRESS Street [123 Main Street]				ADDRESS Street			
City [Anytown]		State AR		Zip Code 12345		City State Zip Code	
BENEFIT PERCENT [100]%	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP [Wife]	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

SECONDARY BENEFICIARY OR BENEFICIARIES

If none of the persons named above are living when a payment is to be made, the following person or persons are to receive the payment.

FULL NAME First Initial Last				FULL NAME First Initial Last			
ADDRESS Street				ADDRESS Street			
City		State		Zip Code		City State Zip Code	
BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

STATEMENT AND SIGNATURE

I, the Owner, acknowledge that: (a) I have received a copy of the current Prospectus; (b) I have read the Prospectus and understand its terms; and (c) I am familiar with the objectives of the Investment Funds. I understand that any election or authorization made under my contract as part of this application is subject to the conditions and limitations set forth in the Prospectus.

I UNDERSTAND THAT: (A) ANY AMOUNTS PLACED IN THE INTEREST ACCUMULATION ACCOUNT WILL EARN INTEREST AT THE RATES DETERMINED BY MUTUAL OF AMERICA; AND (B) ANY AMOUNTS PLACED IN THE INVESTMENT FUNDS ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS AND MAY INCREASE OR DECREASE IN VALUE BASED UPON THE FUNDS' INVESTMENT RESULTS.

All statements in this application are true and complete to the best of my knowledge and belief. I agree that this application will become a part of any contract issued based upon this application.

I have determined that the annuity contract applied for above is suitable to: (a) my investment objectives; and (b) my financial situation.

An initial contribution of \$ [500] is submitted with this application. I understand that this contribution will be refunded by Mutual of America if a contract based upon this application is not issued.

Signed at [Anytown/AR] on [7/23], 08 [John Doe]
(City/State) (Month/Day) (Year) Signature of Owner

Countersigned [William Agent]
Licensed Agent Signature of Annuitant (if other than Owner)

CONSULTANT'S REPORT

To the best of your knowledge is the contract applied for intended to replace any insurance or annuity in force in this or any other company?

☐ Yes ☒ No If "Yes," give company name: _____

320 PARK AVENUE
NEW YORK NY 10022-6839
212 224 1600
212 224 2500 FAX

**DESCRIPTION OF ILLUSTRATIVE AND
VARIABLE LANGUAGE
FOR IND-ANN-APP-2008(AR)**

The following comments describe the nature and scope of the illustrative and variable material in the form and are numbered to correspond to the numbers that have been placed adjacent to the bracketed material in the attached copy.

1. The Company's address, telephone number and website are bracketed to permit any changes that may occur to this information in future new issues of the application
2. The John Doe information is bracketed to reflect the specific information of the applicant.
3. The available funds of the Separate Account are bracketed to allow for future changes to the investment funds.
4. The edition date is bracketed to permit any future editions of this form.
5. The John Doe information is bracketed to reflect the specific information for the beneficiary or beneficiaries.
6. Signature of Agent (consultant) and consultant's report are bracketed to reflect specific information with respect to specific applicant.

BENEFICIARY DESIGNATIONS

Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner may name and change the beneficiary. If this contract will be issued to an employer or trustee in connection with a 457 or other deferred compensation plan, the Owner must be designated as the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death or the death of the Annuitant, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

BENEFICIARY DESIGNATIONS**PRIMARY BENEFICIARY OR BENEFICIARIES**

I, the Owner, name the following person or persons as my beneficiary or beneficiaries.

FULL NAME First Initial Last [Jane A. Doe]	FULL NAME First Initial Last						
ADDRESS Street [123 Main Street]	ADDRESS Street						
City State Zip Code [Anytown AR 12345]	City State Zip Code						
BENEFIT PERCENT [100]%	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP [Wife]	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

SECONDARY BENEFICIARY OR BENEFICIARIES

If none of the persons named above are living when a payment is to be made, the following person or persons are to receive the payment.

FULL NAME First Initial Last	FULL NAME First Initial Last						
ADDRESS Street	ADDRESS Street						
City State Zip Code	City State Zip Code						
BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

STATEMENT AND SIGNATURE

I, the Owner, acknowledge that: (a) I have received a copy of the current Prospectus; (b) I have read the Prospectus and understand its terms; and (c) I am familiar with the objectives of the Investment Funds. I understand that any election or authorization made under my contract as part of this application is subject to the conditions and limitations set forth in the Prospectus.

I UNDERSTAND THAT: (A) ANY AMOUNTS PLACED IN THE INTEREST ACCUMULATION ACCOUNT WILL EARN INTEREST AT THE RATES DETERMINED BY MUTUAL OF AMERICA; AND (B) ANY AMOUNTS PLACED IN THE INVESTMENT FUNDS ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS AND MAY INCREASE OR DECREASE IN VALUE BASED UPON THE FUNDS' INVESTMENT RESULTS.

All statements in this application are true and complete to the best of my knowledge and belief. I agree that this application will become a part of any contract issued based upon this application.

I have determined that the annuity contract applied for above is suitable to: (a) my investment objectives; and (b) my financial situation.

An initial contribution of \$ [500] is submitted with this application. I understand that this contribution will be refunded by Mutual of America if a contract based upon this application is not issued.

Signed at [Anytown/AR] on [7/23] 08]
(City/State) (Month/Day) (Year)

[John Doe]
Signature of Owner

Countersigned [William Agent]
Licensed Agent

Signature of Annuitant (if other than Owner)

CONSULTANT'S REPORT

To the best of your knowledge is the contract applied for intended to replace any insurance or annuity in force in this or any other company?

☐ Yes ☒ No If "Yes," give company name: _____

IRA APPLICATION

TYPE OF ANNUITY CONTRACT (Choose one)

- ☒ Traditional IRA ☐ ROTH IRA ☐ Simplified Employee Pension (SEP) IRA
☐ Savings Incentive Match Plan for Employees (SIMPLE) IRA ☐ Other IRA: _____

OWNER/ANNUITANT INFORMATION

NAME [John Doe]		TELEPHONE NUMBER WORK [111-111-1111] HOME [111-222-1111]	
ADDRESS [123 Main Street]		City Anytown	State Zip Code AR 12345
SOCIAL SECURITY NUMBER [123-45-6789]			
DATE OF BIRTH [1/ 1/ 73]	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	INITIAL CONTRIBUTION \$ [500]	DISTRIBUTION # 1937
CONTRIBUTION METHOD <input checked="" type="checkbox"/> DIRECT PAYMENT <input type="checkbox"/> PAYROLL DEDUCTION (mandatory for SEP or SIMPLE)			

EMPLOYER'S INFORMATION (Complete only if SEP, SIMPLE or payroll deduction IRA)

EMPLOYER'S NAME	EMPLOYER NUMBER	EMPLOYER'S TELEPHONE NUMBER
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EMPLOYEE'S INFORMATION (Complete only if SEP or SIMPLE)

DATE EMPLOYEE HIRED / /	EMPLOYEE'S DEPARTMENT # (optional)	EMPLOYEE'S SALARY RATE \$ _____	<input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMIMONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BIWEEKLY
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For a SIMPLE IRA enter the Eligibility Date for Employer Contributions: Month _____ Day _____ Year _____
 For SIMPLE, Eligibility Date for Employer Contributions is first day of calendar year following completion of Eligibility requirements.

SOURCE OF FUNDS (Complete only if rollover)

- ☐ From: ☐ a Traditional IRA ☐ a ROTH IRA ☐ a SIMPLE IRA in force less than 2 years ☐ _____
☐ From an eligible employer retirement plan*.
☐ From a retirement plan death benefit paid to me as beneficiary of an individual who participated in an eligible employer retirement plan*. The individual was ☐ was not ☐ my spouse.
 Are any of the funds from a "Designated ROTH Account" under an eligible employer retirement plan*?
☐ Yes ☐ No Amount \$ _____

*Eligible employer retirement plans are 401(a) plans (including 401(k) plans), 403(b) arrangements and governmental 457(b) deferred compensation arrangements.

CONTRACT INFORMATION

- First of month annuity payments are to begin (the Owner may change this date at any time by advance notice) 1 / 38 (optional)
 (MONTH) (YEAR)
- Is the contract requested by this application intended to replace or change any insurance or annuities now in force?
☐ Yes ☒ No If the answer is "Yes," please provide the following for the policy being replaced or changed:
 Company _____ Contract Number _____ Amount \$ _____

ALLOCATION OF CONTRIBUTIONS

Show the percentage of your future contributions you want to place in the interest account and/or investment funds. Use whole numbers only, and make sure the percentages total 100%. Amounts you place in the interest account will be credited with the rate of interest currently applicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.

INTEREST ACCOUNT		INVESTMENT FUNDS			
MUTUAL OF AMERICA		MUTUAL OF AMERICA		FIDELITY®	
Interest Accumulation Account	[50] %	Money Market Fund	[50] %	2015 Retirement Fund	%
		Mid-Term Bond Fund	%	2020 Retirement Fund	%
		Bond Fund	%	2025 Retirement Fund	%
		Composite Fund	%	2030 Retirement Fund	%
		Conservative Allocation Fund	%	2035 Retirement Fund	%
		Moderate Allocation Fund	%	2040 Retirement Fund	%
		Aggressive Allocation Fund	%	2045 Retirement Fund	%
		Equity Index Fund	%	2010 Retirement Fund	%
				2015 Retirement Fund	%
				2020 Retirement Fund	%
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				2040 Retirement Fund	%
				2045 Retirement Fund	%
				2010 Retirement Fund	%

BENEFICIARY DESIGNATIONS

Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner, may name and change the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

BENEFICIARY DESIGNATIONS**PRIMARY BENEFICIARY OR BENEFICIARIES**

I, the Owner, name the following person or persons as my beneficiary or beneficiaries.

FULL NAME First Initial Last [Jane A. Doe]				FULL NAME First Initial Last			
ADDRESS Street [123 Main Street]				ADDRESS Street			
City [Anytown]		State AR		City		State Zip Code	
Zip Code 12345		BENEFIT PERCENT [100]%		DATE OF BIRTH (Optional) / /		SOCIAL SECURITY # (Optional)	
RELATIONSHIP [Wife]		BENEFIT PERCENT %		DATE OF BIRTH (Optional) / /		SOCIAL SECURITY # (Optional)	
RELATIONSHIP		RELATIONSHIP		RELATIONSHIP		RELATIONSHIP	

SECONDARY BENEFICIARY OR BENEFICIARIES

If none of the persons named above are living when a payment is to be made, the following person or persons are to receive the payment.

FULL NAME First Initial Last				FULL NAME First Initial Last			
ADDRESS Street				ADDRESS Street			
City		State Zip Code		City		State Zip Code	
BENEFIT PERCENT %		DATE OF BIRTH (Optional) / /		BENEFIT PERCENT %		DATE OF BIRTH (Optional) / /	
SOCIAL SECURITY # (Optional)		RELATIONSHIP		SOCIAL SECURITY # (Optional)		RELATIONSHIP	

STATEMENT AND SIGNATURE

I, the Owner, acknowledge that: (a) I have received a copy of the current Prospectus; (b) I have read the Prospectus and understand its terms; and (c) I am familiar with the objectives of the Investment Funds. I understand that any election or authorization made under my contract as part of this application is subject to the conditions and limitations set forth in the Prospectus.

If this is a ROTH IRA contract, I understand that I may not roll over contributions or transfer amounts from existing annuity contracts or IRA-type arrangements other than as described in Section 408A(c) of the Internal Revenue Code.

If this is a SIMPLE IRA contract, I understand that I may not roll over contributions or transfer amounts from existing annuity contracts or IRA arrangements other than from another SIMPLE IRA arrangement described in Section 408A(p)(1) of the Internal Revenue Code.

I UNDERSTAND THAT: (A) ANY AMOUNTS PLACED IN THE INTEREST ACCUMULATION ACCOUNT WILL EARN INTEREST AT THE RATES DETERMINED BY MUTUAL OF AMERICA; AND (B) ANY AMOUNTS PLACED IN THE INVESTMENT FUNDS ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS AND MAY INCREASE OR DECREASE IN VALUE BASED UPON THE FUNDS' INVESTMENT RESULTS.

All statements in this application are true and complete to the best of my knowledge and belief. I agree that this application will become a part of any contract issued based upon this application.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

An initial contribution of \$ [500] is submitted with this application. I understand that this contribution will be refunded by Mutual of America if a contract based upon this application is not issued.

Signed at [Anytown/AR] on [7/23] 08
(City/State) (Month/Day) (Year)

Countersigned [William Agent] [John Doe]
Licensed Agent Signature of Employee/Owner/Annuitant

CONSULTANT'S REPORT

To the best of your knowledge is the contract applied for intended to replace any insurance or annuity in force in this or any other company?

☐ Yes ☒ No If "Yes," give company name: _____

320 PARK AVENUE
NEW YORK NY 10022-6839
212 224 1600
212 224 2500 FAX

**DESCRIPTION OF ILLUSTRATIVE AND
VARIABLE LANGUAGE
FOR IRA-APP-2008(AR)**

The following comments describe the nature and scope of the illustrative and variable material in the form and are numbered to correspond to the numbers that have been placed adjacent to the bracketed material in the attached copy.

1. The Company's address, telephone number and website are bracketed to permit any changes that may occur to this information in future new issues of the application.
2. The John Doe information is bracketed to reflect the specific information of the applicant.
3. The available funds of the Separate Account are bracketed to allow for future changes to the investment funds.
4. The edition date is bracketed to permit any future editions of this form.
5. The John Doe information is bracketed to reflect the specific information for the beneficiary or beneficiaries.
6. Signature of Agent (consultant) and consultant's report are bracketed to reflect specific information with respect to specific applicant.

IRA APPLICATION

TYPE OF ANNUITY CONTRACT (Choose one)

☒ Traditional IRA ☐ ROTH IRA ☐ Simplified Employee Pension (SEP) IRA
☐ Savings Incentive Match Plan for Employees (SIMPLE) IRA ☐ Other IRA: _____

OWNER/ANNUITANT INFORMATION

NAME [John Doe] TELEPHONE NUMBER
 WORK [111-111-1111] HOME [111-222-1111]
 ADDRESS [123 Main Street] City Anytown State AR Zip Code 12345 SOCIAL SECURITY NUMBER [123-45-6789]
 DATE OF BIRTH [1 / 1 / 73] ☒ MALE ☐ FEMALE INITIAL CONTRIBUTION \$ [500] DISTRIBUTION # 1937 CONTRIBUTION METHOD ☒ DIRECT PAYMENT ☐ PAYROLL DEDUCTION (mandatory for SEP or SIMPLE)

EMPLOYER'S INFORMATION (Complete only if SEP, SIMPLE or payroll deduction IRA)

EMPLOYER'S NAME _____ EMPLOYER NUMBER _____ EMPLOYER'S TELEPHONE NUMBER _____

EMPLOYEE'S INFORMATION (Complete only if SEP or SIMPLE)

DATE EMPLOYEE HIRED / / EMPLOYEE'S DEPARTMENT # (optional) _____ EMPLOYEE'S SALARY RATE \$ _____
☐ ANNUAL ☐ SEMIMONTHLY ☐ WEEKLY
☐ MONTHLY ☐ BIWEEKLY

For a SIMPLE IRA enter the Eligibility Date for Employer Contributions: Month _____ Day _____ Year _____
 For SIMPLE, Eligibility Date for Employer Contributions is first day of calendar year following completion of Eligibility requirements.

SOURCE OF FUNDS (Complete only if rollover)

☐ From: ☐ a Traditional IRA ☐ a ROTH IRA ☐ a SIMPLE IRA in force less than 2 years ☐ _____
☐ From an eligible employer retirement plan*.
☐ From a retirement plan death benefit paid to me as beneficiary of an individual who participated in an eligible employer retirement plan*. The individual was ☐ was not ☐ my spouse.
 Are any of the funds from a "Designated ROTH Account" under an eligible employer retirement plan*?
☐ Yes ☐ No Amount \$ _____

*Eligible employer retirement plans are 401(a) plans (including 401(k) plans), 403(b) arrangements and governmental 457(b) deferred compensation arrangements.

CONTRACT INFORMATION

• First of month annuity payments are to begin (the Owner may change this date at any time by advance notice) 1 / 38 (optional)
 (MONTH) (YEAR)
 • Is the contract requested by this application intended to replace or change any insurance or annuities now in force?
☐ Yes ☒ No If the answer is "Yes," please provide the following for the policy being replaced or changed:
 Company _____ Contract Number _____ Amount \$ _____

ALLOCATION OF CONTRIBUTIONS

Show the percentage of your future contributions you want to place in the interest account and/or investment funds. Use whole numbers only, and make sure the percentages total 100%. Amounts you place in the interest account will be credited with the rate of interest currently applicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.

INTEREST ACCOUNT		INVESTMENT FUNDS					
MUTUAL OF AMERICA		MUTUAL OF AMERICA			FIDELITY®		
Interest Accumulation Account	[50] %	Money Market Fund	[50] %	All America Fund	2015 Retirement Fund	VIP Asset Manager Fund	%
		Mid-Term Bond Fund	%	Small Cap Value Fund	2020 Retirement Fund	VIP Mid Cap Fund	%
		Bond Fund	%	Small Cap Growth Fund	2025 Retirement Fund	VIP Equity-Income Fund	%
		Composite Fund	%	Mid Cap Value Fund	2030 Retirement Fund	VIP Contrafund®	%
		Conservative Allocation Fund	%	Mid-Cap Equity Index Fund	2035 Retirement Fund		
		Moderate Allocation Fund	%	International Fund	2040 Retirement Fund		
		Aggressive Allocation Fund	%	Retirement Income Fund	2045 Retirement Fund		
		Equity Index Fund	%	2010 Retirement Fund			
INVESTMENT FUNDS							
OPPENHEIMER							
Main Street Fund®/VA	%						
CALVERT							
Social Balanced Fund	%						
AMERICAN CENTURY							
VP Capital Appreciation Fund	%						
		Bond Fund	%	Capital Growth Fund	International Fund	Diversified Value Fund	%
						International Fund	%

BENEFICIARY DESIGNATIONS

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BENEFICIARY DESIGNATIONS**PRIMARY BENEFICIARY OR BENEFICIARIES**

I, the Owner, name the following person or persons as my beneficiary or beneficiaries.

FULL NAME First Initial Last [Jane A. Doe]				FULL NAME First Initial Last			
ADDRESS Street [123 Main Street]				ADDRESS Street			
City [Anytown]		State AR		Zip Code 12345		City State Zip Code	
BENEFIT PERCENT [100]%	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP [Wife]	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

SECONDARY BENEFICIARY OR BENEFICIARIES

If none of the persons named above are living when a payment is to be made, the following person or persons are to receive the payment.

FULL NAME First Initial Last				FULL NAME First Initial Last			
ADDRESS Street				ADDRESS Street			
City		State		Zip Code		City State Zip Code	
BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

STATEMENT AND SIGNATURE

I, the Owner, acknowledge that: (a) I have received a copy of the current Prospectus; (b) I have read the Prospectus and understand its terms; and (c) I am familiar with the objectives of the Investment Funds. I understand that any election or authorization made under my contract as part of this application is subject to the conditions and limitations set forth in the Prospectus.

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An initial contribution of \$ [500] is submitted with this application. I understand that this contribution will be refunded by Mutual of America if a contract based upon this application is not issued.

Signed at [Anytown/AR] on [7/23] 08]
(City/State) (Month/Day) (Year)

Countersigned [William Agent] [John Doe]
Licensed Agent Signature of Employee/Owner/Annuitant

CONSULTANT'S REPORT

To the best of your knowledge, is the contract applied for intended to replace any insurance or annuity in force in this or any other company?

☐ Yes ☒ No If "Yes," give company name: _____

<i>SERFF Tracking Number:</i>	<i>MALI-125746708</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of America Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39884</i>
<i>Company Tracking Number:</i>	<i>IND-ANN-APP-2008(AR)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)</i>		
<i>Project Name/Number:</i>	<i>IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MALI-125746708 State: Arkansas
Filing Company: Mutual of America Life Insurance Company State Tracking Number: 39884
Company Tracking Number: IND-ANN-APP-2008(AR)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 07/24/2008

Comments:

This submission consists of individual annuity applications. We believe Rule & Regulation 19, Rule & Regulation 49, ACA 23-79-138, and Bulletin 11-88 do not apply to this submission.

Attachment:

Readability Certification.pdf

Review Status:

Bypassed -Name: Application 07/24/2008

Bypass Reason: Not applicable - The forms being submitted are individual annuity application forms.

Comments:

Review Status:

Bypassed -Name: Life & Annuity - Acturial Memo 07/24/2008

Bypass Reason: Not applicable. This filing is submitting application forms only.

Comments:

320 PARK AVENUE
NEW YORK NY 10022-6839
212 224 1600
212 224 2500 FAX

CERTIFICATION

This is to certify that the attached form(s) as described below has (have) achieved a Flesch Reading Ease Score as noted for the form(s) below and complies with the requirements of Ark. Stat. Ann. S66-3251 through S66-3258, cited as the Life and Disability Insurance Policy Simplification Act.

<i>Form No.</i>	<i>Form Description</i>	<i>Flesch Score</i>	<i>How Scored</i>
IRA-ANN-APP-2008(AR)	Application	60.983	Entire Form
IRA-APP-2008(AR)	Application	55.829	Entire Form

DATE: 7/21/2008

Robert Thode
Manager
State Compliance & Government Regulations

0751 a--5

ARKANSAS